DOCUMENT RESUME

ED 438 949 PS 028 388

TITLE	Building a Better System of Child and Family Indicators. Child Trends Research Brief.
INSTITUTION	Child Trends, Inc., Washington, DC.
SPONS AGENCY	John D. and Catherine T. MacArthur Foundation, Chicago, IL.
PUB DATE	2000-00-00
NOTE	5p.; Adapted from "Indicators of Child and Family Well-Being: The Good, the Bad, and the Ugly," an invited presentation to the National Institutes of Health, Office of Behavioral and Social Sciences, 1999 Seminar Series, by Kristin Anderson Moore, Ph.D.
PUB TYPE	Opinion Papers (120)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Children; Data Collection; Evaluation Methods; *Family (Sociological Unit); Measurement; *Measurement Techniques; Research Methodology; *Social Indicators; *Well Being
IDENTIFIERS	*Indicators

ABSTRACT

Well-measured and consistently collected indicators of child and family well-being can be used for a variety of purposes. Indicators may be used for five purposes: (1) describing the circumstances of America's children; (2) monitoring outcomes; (3) setting goals; (4) providing outcomes-based accountability; and (5) evaluating programs. To meet the thirteen criteria for indicators of child well-being, indicators should: (1) provide comprehensive coverage of outcomes, behavior, and processes; (2) cover children of all ages; (3) be clear and comprehensible; (4) include positive as well as negative outcomes; (5) assess dispersion across given measures, children's duration in a status, and cumulative risk factors; (6) have a common interpretation among varied population subgroups; (7) be consistent in meaning over time; (8) be forward-looking to provide baseline data for future trends; (9) use rigorous data collection methods; (10) be geographically detailed at the local, state, and national levels; (11) be cost-efficient; (12) reflect social goals to allow tracking progress in meeting national, state, and local goals; and (13) be adjusted for demographic trends to aid interpretation. A system of indicators meeting the demanding criteria is slowly becoming a reality. (KB)

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Building a Better System of Child and Family Indicators

ED 438 949

Every generation laments the condition of its times. From the Great Depression, to the turbulent '60s, to the new millennium, Americans have fretted over the health and safety of the nation's children, their educational progress, and their moral development. Are their fears and concerns warranted? How do we know whether circumstances for children are bad and getting worse, or good and getting better? On what bases do the public and its leaders form opinions and draw conclusions?

Well-measured and consistently collected indicators of child and family well-being provide a way to monitor the condition of children and families, today and over time. Such information can profoundly change the ways we think about important issues in our personal lives and in the life of the nation.

Indicators of child and family well-being have been used by policy makers, researchers, the media, and service providers to serve a number of purposes. In some cases -- to describe the condition of children, to monitor or track child outcomes, and to set goals -- the use of indicators is appropriate and informative. Using indicators to hold managers and institutions accountable for improving outcomes is acceptable if carefully and thoughtfully done. In other cases, such as program evaluation, indicators should be used only with great caution, since they tell us nothing about the factors that cause an indicator to improve or decline. Table 1 briefly explains the five purposes for which indicators are used.

What would constitute an effective system of indicators of children's well-being -- one that would serve the nation now and into the future? Table 2 summarizes a comprehensive set of criteria, and the discussion below highlights several of them.

Table 1

Five Purposes for Which Indicators are Used

Description: Indicators provide knowledge about society. Numerous reports provide descriptive information about the circumstances of America's children and families, for example, the proportion in good health or the proportion who complete high school.

Monitoring: Indicators are used to track outcomes, which can help with planning and suggest policy approaches. Usually monitoring occurs over time, as trends are tracked to see whether outcomes are improving, deteriorating, or holding steady. For example, the proportion of youth who complete high school is tracked over time; also, comparisons are made over time across social and demographic groups in the proportion of youth who complete high school.

Setting Goals: Indicators are used to help coordinate and focus activities across agencies, across levels of government, and across public and private groups. Healthy People 2000 and Education Goals 2000 are two examples of long-term goal-setting projects that have provided targets and specified associated strategies designed to help reach those targets.

Outcomes-Based Accountability: Indicators are used to hold agencies, governments, communities or managers responsible for improving outcomes. Measuring outcomes rather than inputs represents an important new direction in program implementation.

Evaluation: Indicators are sometimes relied on to determine whether or not programs are effective and, where possible, the reasons for success or failure. For example, if a teen pregnancy program is introduced in school, an evaluation may track the teen pregnancy rate over time.

(Source: Brown, B.V. and Corbett, T. 1998. "Social Indicators and Public Policy in the Age of Devolution." *IRP Special Report Series*. Madison, WI: Institute for Research on Poverty.)

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Table 2

Criteria for Indicators of Child Well-Being

1. **Comprehensive coverage.** Indicators should assess well-being across a broad array of outcomes, behavior, and processes.

2. **Children of all ages.** Age-appropriate indicators are needed at every age from birth through adolescence and covering the transition into adulthood.

3. **Clear and comprehensible.** Indictors should be easily and readily understood by the public.

4. **Positive outcomes.** Indicators should assess positive as well as negative aspects of well-being.

5. **Depth, breadth, and duration.** Indicators are needed to assess dispersion across given measures of child well-being, children's duration in a status, and cumulative risk factors experienced by children.

6. **Common interpretation.** Indicators should have the same meaning in varied population subgroups.

7. **Consistency over time.** Indicators should have the same meaning across time.

8. **Forward-looking.** Indicators should be collected now that anticipate the future and provide baseline data for subsequent trends.

9. **Rigorous methods.** Coverage of the population or event being monitored should be complete or very high, and data collection procedures should be rigorous and consistent over time.

10. **Geographically detailed.** Indicators should be developed not only at the national level, but also at the state and local level.

11. **Cost-efficient.** Although investments in data about U.S. children have been insufficient, strategies to expand and improve the data system need to be thoughful, well planned, and economically efficient.

12. **Reflective of social goals.** Some indicators should allow us to track progress in meeting national, state, and local goals for child well-being.

13. **Adjusted for demographic trends.** Finally, to aid interpretation, indicators, or a subset of indicators, should be developed that adjust for changes in the composition of the population over time that confound our ability to track well-being. Alternatively, indicators should be available for population subgroups that are sufficiently narrow to permit conclusions within that subgroup.

(Source: Moore, Kristin A. 1997. "Criteria for Indicators of Child Well-Being." *Indicators of Child Well-Being* edited by Robert M. Hauser, Brett V. Brown and William Prosser. New York: Russell Sage Foundation.)

Indicators of child well-being should be comprehensive, assessing well-being across a broad array of outcomes, behavior, and processes.

Rates of disease and disability are different from educational attainment, and education is different from substance use, which is different from mental health -- yet they all measure an important aspect of children's well-being. Moreover, trends differ across domains, and patterns differ across subgroups. It is therefore necessary to track well-being across several domains, including health and safety, educational and cognitive attainment, and socioemotional adjustment and behavior. Regrettably, there are major gaps in the set of indicators we should gather. For example, we lack good measures of children's mental health and of child abuse and neglect.

An effective system of indicators should also cover children of all ages, with age-appropriate measures from birth through adolescence and even into the transition to adulthood.

Ideally, we would like to be able to track children's development over the years of childhood, comparing preschoolers with school-age children and with adolescents. This is quite feasible for some highly concrete markers, such as mortality. In domains such as behavior, however, the relevant indicators will change as children get older. For example, markers of school readiness are needed for preschool children, while indicators of delinquency, substance abuse, and other problem behaviors are appropriate for adolescents.

Indicators of children's well-being should assess depth, breadth, and duration.

Snapshots -- measures of well-being at a point in time -- tell us something about the life of a child. For example, children whose families are poor at the time of a survey are generally found to be disadvantaged compared to children whose families are not poor at that time. However, children whose families have incomes below 50 percent of the poverty line for multiple years are at even greater developmental risk. In addition, children who are poor and have many siblings and have parents without a high school diploma experience cumulative disadvantages that tremendously challenge their development. Indicators that take account of the depth or degree of risk, the duration of risk, and the breadth or accumulation of risk factors will identify subgroups of children likely to face really substantial developmental challenges.

Indicators should share a common interpretation; that is, they should mean the same thing across various population subgroups.

As the U.S. has become increasingly diverse, the interpretation of various indicators and measures has become more complex. Even the interpretation of race/ethnicity per se has become difficult, especially for persons who identify themselves as mixed race. In other cases, such as religiosity, constructs are intrinsically subjective and/or nebulous. In such cases, concrete behaviors, such as attendance at religious services, are often measured. To go further will require considerable qualitative work and pre-testing.

Indicators should be forward-looking.

To the extent that we can anticipate future events and developments, we should be collecting indicators now that can provide baseline data for subsequent trends. As a nation, we missed the opportunity to put a system of child and family indicators in place in earlier years that could have formed the baseline for assessing the implications of the 1996 welfare reform law and the still unfolding Child Health Insurance Program.

Learning from this experience, we should begin now to develop mental health indicators. With public health improvements and better physical health, mental health remains an issue area about which we know too little at the national or the state level.

A second under-measured area is time use. Time is a precious and limited resource for most families raising children. We therefore need to track and analyze patterns of time use over time to inform public policies, private sector actions, and personal decisions that affect the hours available to parents and children for pursuing individual and collective needs and desires.

It is also important to track families' access to technology and to enrichment activities for their children, such as lessons, sports, travel, and special camps. Access to these opportunities increasingly appear to distinguish the haves from the have-nots in contemporary society.

Indicators of child and family well-being should be geographically detailed.

The transfer of authority for social programs in recent years from the federal government to the states underscores the need to track child and family well-being at least at the state level, and ideally at the local level as well.

Indicators should reflect key social goals.

Such indicators would provide a useful tool for tracking progress in meeting national, state, and local priorities for children's well-being. This implies "cross-fertilizing" the work of researchers with the views of public officials, the public as a whole, parents, and even children about what are important and desirable outcomes for children and families.

Finally, indicators should assess positive as well as negative aspects of well-being.

There is a certain irony to applying the term "well-being" to the current set of child and family indicators. Most indicators, in fact, measure just the opposite, assessing problems like infant mortality, substance abuse, violence, teen pregnancy, family poverty, and crime.

It is unsettling that, at least statistically, we have a clearer sense of what we do not want for our children than what we do want. We know we don't want children to drink, smoke, use drugs, go to jail, or become teen parents. But few parents, if asked what they want for their children, would stop there. Most would also list any number of positive characteristics for their offspring -- close and warm relationships with parents and siblings, strong friendships, an appreciation for education and cultural opportunities, and abundant recreational and enrichment activities.

Having said this, we also recognize that developing a widely accepted inventory of positive characteristics for children and youth is no easy feat and would likely engender considerable debate and rancor. For example, some Americans would highly value religiosity or spirituality, while others would not list this as an important positive outcome for youth.

Nevertheless, we are convinced that developing measures of positive youth development is the next frontier in the study of child and family well-being. This next generation of indicators work includes conceptualizing positive development, developing sound measures, testing them in longitudinal studies, and then making them available for use as indicators. This will require qualitative work, such as focus groups, to identify the characteristics desired by parents, policy makers, citizens, and children themselves. It will require psychometric work to develop items and scales that overcome problems of social desirability and which can be administered in large-scale studies. It will require longitudinal data collection because surprisingly few positive measures are currently included in major data bases. And, it will require careful analyses of these data to assess whether a given construct and a given measure predict positive outcomes in adulthood.

Conclusion

A system of indicators that meets these fairly demanding criteria is slowly becoming a reality, but much remains to be done. We still do not have a set of indicators that crosses levels of governance from the national to the state to the community level. Nor can we make systematic comparisons with other nations. We cannot measure all concepts seamlessly across the years of childhood, and there remain important constructs that are not currently measured. Finally, we must invest creativity and energy in identifying valid and reliable ways to measure child well-being positively as well as negatively.

This research brief was adapted from "Indicators of Child and Family Well-Being: The Good, the Bad, and the Ugly," an invited presentation to the National Institutes of Health, Office of Behavioral and Social Sciences, 1999 Seminar Series, by Kristin Anderson Moore, Ph.D.

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Child Trends gratefully acknowledges the John D. and Catherine T. MacArthur Foundation for support of its research brief series.

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